

Application



Attach a recent color photograph. Photo should be full faced view, approximately 2x2 in size, and a clear and recognizable likeness.

Underground Storage Tank Tester

Nevada Division of Environmental Protection
Certification Program
333 West Nye Lane
Carson City, NV 89706-0851
(775) 687- 9375

FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE. ALL INFORMATION PROVIDED IS CONSIDERED PUBLIC INFORMATION AND WILL BE PROVIDED TO THE GENERAL PUBLIC UPON REQUEST.

APPLICANT INFORMATION

Name: _____
Last First M.I.

Mailing Address: _____
Address City State Zip

Phone: _____

BUSINESS INFORMATION (OPTIONAL)

Business Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Submit any changes in your employment status, address change, etc. to NDEP as soon as possible, so information from this office will be sent to the correct address.

EXPERIENCE (attach additional sheets if necessary)

Current Employer: _____

Address: _____

Length of employment (mo/yr): From ____ / ____ to ____ / ____ Total (mos): _____

Hours worked per week: _____

Your title: _____

Supervisor's Name: _____

PREVIOUS EMPLOYER (if less than 1 year at current employer)

Previous Employer: _____

Address: _____

Length of employment (mo/yr): From ____ / ____ to ____ / ____ Total (mos): _____

Hours worked per week: _____

Your title: _____

Supervisor's Name: _____

Briefly describe one (1) year of direct involvement with underground storage tanks (UST) testing, including pertinent facts about the systems you tested (i.e. failed, passed or any problems with the system).

Include fifty (50) UST tank tests you have performed, with dates and locations.

Date		Location	Passed/failed/problem
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Date	Location	Passed/failed/problem	
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ICC EXAMINATION

Exam	Expiration Date	Attach proof of passage of exam (e.g., certificate, score notice, etc.)
Tank Tightness Testing		

Attach a copy of the "Tank Tightness Testing" certificate, including expiration date.
(Required under NAC 459.9722)

UST COURSE(S) OFFERED BY EQUIPMENT MANUFACTURER(S)

Course Name	Organization	Training Dates

Attach a copy of the training certificate (s).

CERTIFIED IN ANOTHER STATE PROVIDING UST SERVICES? Yes _____ No _____

If yes, complete the following

Certification Title	Number	Expiration Date / State Completed

UST SAFETY TRAINING COURSE

Provide proof of completion of a course in the safe handling of underground storage tanks that you have attended.

Course Title: _____

Organization: _____

Address: _____

OTHER TRAINING

Provide any other training that you have had, e.g. conferences, seminars, workshops, short courses, OSHA, etc. Attach additional sheets if necessary.

Date	Name of course	Institute/sponsor	Hours

CRIMINAL RECORD (NAC 459.9723.2h)

Please provide (below) or attach a signed statement, under penalty or perjury, declaring the details of all pleas of guilty or nolo contendere in criminal proceedings and all convictions of crimes pertaining to environmental consulting under NAC 459.9722.

ACKNOWLEDGMENT

1. I declare that any statement in this application or information provided is true and complete. I understand that if I provide false information I may subject myself to the penalty provisions of NRS 459.595.
2. In connection with this application, I authorize the State of Nevada and any agent acting on its behalf to conduct an inquiry into any information related to my potential certification in this program and authorize the release of any such information, including, but not limited to, any criminal conviction on my record.
3. I hereby release the State of Nevada and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Original Signature

Date

REFERENCES (NAC 459.9723, part 2i)

Please provide, on the forms provided, three letters of reference from persons with experience in the services of the classification attesting to your moral character and competence in Aunderground tank tester activities@(see definition under experience section).

APPLICATION FEE

A non-refundable fee in the amount of **\$100.00** must accompany this application. Make your check or money order payable to the **NDEP**.

MISCELLANEOUS INFORMATION

1. The information supplied in this application will be used to determine eligibility for certification. All information requested is necessary, and if not provided, the application may be rejected.
2. The NDEP has six (6) weeks after receipt of all required materials to determine eligibility for certification. You will receive a written notice of the determination.
3. This application will remain on file for two (2) years after the date that all required materials are received by NDEP. If the applicant does not pass the examination within that two (2) year period, the applicant must file a complete, new application for certification with NDEP.
4. Submit it with this application to:

**Nevada Division of Environmental Protection
Certification Program
333 W. Nye Lane
Carson City, Nevada 89706-0851**

Please refer any questions to the Certification Coordinator
(775) 687-9375
or visit our website: ndep.nv.gov

NEVADA DIVISION OF ENVIRONMENTAL PROTECTION
CERTIFICATION PROGRAM
333 W. Nye Lane
Carson City, NV 89706-0851
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I, _____ do hereby attest:

1. That I understand that I have been named as a reference in the matter of the application for the certification of:

(Applicants Name)

as an Underground Storage Tank Tester, which will certify him/her to provide services related to:

C **Tank Tightness Testing** of USTs

2. That I have experience in the services listed in Item 1.
3. That I believe the applicant's moral character and competence are adequate to provide such services.

Provide a brief explanation attesting to the applicant's knowledge and moral character:

(attach additional sheets if required)

Signature _____ Date _____

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